CLAIMS ONLY

Application Number	Filing Date
10/789940	

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
5						
6						
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20	1	/				
21						
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44						
45						
46						
47						
48						
49						
50						
Total Indep	2					
Total Depend	14					
Total Claims	16					

May be used for additional claims or amendments

CLAIMS		Indep	Depend	Indep	Depend	Indep	Depend
51							
52							
53							
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57							
58							
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97							
98							
99							
100							
Total Indep							
Total Depend							
Total Claims							